Address to: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): GAVAI ET AL.

Title: NOVEL 2-SUBSTITUTED CYCLIC AMINES AS CALCIUM SENSING

RECEPTOR MODULATORS

Enclosed are:

| 1. | \boxtimes | Specification (Including Claims and Abstract) - 125 pages | | | | | | | | |
|--------|---|--|--|--|--|--|--|--|--|--|
| 2. | | Drawings - sheets | | | | | | | | |
| 3. | \boxtimes | Unexecuted Declaration and Power of Attorney (original or copy) | | | | | | | | |
| 4. | | Microfiche Computer Program (appendix) | | | | | | | | |
| 5. | | Nucleotide and/or Amino Acid Sequence Submission | | | | | | | | |
| | | Computer Readable Copy | | | | | | | | |
| | | Paper Copy | | | | | | | | |
| | | Statement Verifying Identity of Above Copies | | | | | | | | |
| 6. | | Preliminary Amendment | | | | | | | | |
| 7. | П | Assignment Papers (Cover Sheet & Document(s)) | | | | | | | | |
| 8. | П | English Translation of | | | | | | | | |
| 9. | Ħ | Information Disclosure Statement | | | | | | | | |
| 10. | Ħ | Certified Copy of Priority Document(s) | | | | | | | | |
| 11. | 茵 | Return Receipt Postcard | | | | | | | | |
| 12. | \sqcap | Other: | | | | | | | | |
| | | | | | | | | | | |
| Filine | a fee | calculation: | | | | | | | | |
| ··, | g . . . | | | | | | | | | |
| | Bef | ore calculating the filing fee, please enter the enclosed Preliminary Amendment. | | | | | | | | |
| | Before calculating the filing fee, please cancel claims | | | | | | | | | |

Case LA0074 NP

| Basic Filing Fee | | | | | | | | | | |
|---------------------------------------|-----------------------|-----------------|-----|-----------------|---|------|----|---|----|---|
| Multiple Dependent Claim Fee (\$ 290) | | | | | | | | | | |
| Foreign Language Surcharge (\$ 130) | | | | | | | | | | |
| | For | Number Filed | | Number Extra | | Rate | | | | |
| Extra Claims | Total Claims | 13 | -20 | 0 | х | \$ | 18 | = | \$ | 0 |
| | Independent Claims | 2 | -3 | 0 | х | \$ | 86 | = | \$ | 0 |
| TOTAL FILING FEE | | | | | | | | | | |

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$770. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to 609-252-4526.

Respectfully submitted,

Date: January 27, 2004

Maureen P. O'Brien, Ph.D.

Maure P. D'Brie

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